



## Imaging

### CORONARY ARTERY CALCIUM PREDICTS INTERMEDIATE-TERM EVENTS IN SUBJECTS WITH A LOW LIFETIME RISK OF CARDIOVASCULAR DISEASE: THE MULTI-ETHNIC STUDY OF ATHEROSCLEROSIS (MESA)

Moderated Poster Contributions

Poster Sessions, Expo North

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**Background:** The aim of our study is to identify predictors for coronary heart disease (CHD) events among individuals with a low lifetime risk of cardiovascular disease in a large, population-based, multi-ethnic population.

**Methods:** MESA is a cohort study of men and women aged 45-84 years and free of clinical cardiovascular disease at baseline. Low lifetime risk participants were identified as non-diabetic, non-smoking subjects with a total cholesterol  $\leq 200$  mg/dL, systolic BP  $\leq 139$  mmHg, and diastolic BP  $\leq 89$  mmHg. We assessed predictors of CHD events including age, gender, ethnicity, low HDL-C, C-reactive protein, family history of CHD, carotid intima-media thickness (CIMT) and coronary artery calcium (CAC). We calculated the number needed to scan (NNS) to identify CAC $>0$  and  $>100$ .

**Results:** From 6,776 subjects, 1,391 ( $58.6 \pm 10.2$  yrs; 51% male) had low lifetime risk, of whom 479 (34%) had CAC $>0$  and 183 (13%) had CAC $>100$ . Over a median follow-up of 7 years, there were only 24 events (1.7%). CAC was present in 18 (75%) subjects with an event. In multivariable analyses (Figure), only increasing CAC remained predictive of CHD. The event rate in those with CAC  $>0$  and  $>100$  was 5.4/1000 and 10.4/1000 person-years, respectively. The NNS to identify CAC $>0$  and CAC $>100$  were 3 and 7.6, respectively.

**Conclusions:** While event rates are low in those with low lifetime risk, CAC is the strongest predictor of CHD. Identification of these individuals carries significant potential therapeutic implications.

